

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name  Subway (Flogds Knobs Morbet, 126.)				Telephone Number	Date of Inspection (mm/dd/yr) PERMI		PERMIT#
Establishment Address (number and street, city, state, zip code)				<b>-</b> 1	7/17/2		19-298
				502 599 3489	1,,,,,,	-, ,	' ' '
704 Highlinder Point Dr. Floyds Karbs, 12 47119 Owner				<del>-</del>	7.7	15.	<u> </u>
Bhupadra Patel				Purpose:	Follow-up		se Date
Owner's Address				1. Routine	NO 10 days		
5336 S. Min St. Eminuce, KT 40019				2. Follow-up 3. Complaint	Summary of Violations:		
Person in Charge				T	$C \bigotimes_{NC} Z R \bigotimes_{R}$		
Katie Soch				4. Pre-Operational			
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)		
				6. HACCP			
Certified F		ger	(4/9/20)	7. Other (list) 12_X_345			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To Be Corrected By		
716	NC		Observed dead buys in BOH 1	ight shields	2 weeks		
430	NL	Observed (approx. (a) strined ceiling tiles in dining 2 weeks					neks
•				1	7		
			Permit for new ownership	. /	1		
			TETMIT FOR NEW OWNERSWIP	Alrenay 15500	<del>د</del>		
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Received by (name and title printed):  Inspected by (name and title printed):							
* *				Inspected by (name and title printed):  A.J. Ingram (EHS)			
Katie Schoch - GM				H.J	Ingram	(EHS	
Received by (signature):				Inspected by (signature):			
los pour					<u>a</u>		
cc:			ce:		cc:		